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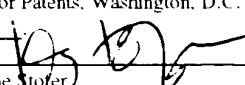
JUL 18 2001

TECH CENTER 1600/2900

#5/A
YC
8-1601

Docket No.: PC-0028



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on July 12, 2001.
By: 
Printed: Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lasek et al.

Title: INTESTINAL PROTEINS

Serial No.: 09/729,454 Filing Date: December 04, 2000

Examiner: DAVIS, N. Group Art Unit: 1642

Commissioner for Patents
Washington, D.C. 20231

RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. 121 AND AMENDMENT

Sir:

This is in response to the Restriction Requirement mailed June 14, 2001 (Paper Number 4) in the above-referenced application.

IN THE CLAIMS

Please amend claim 3 as follows:

3. (Once Amended) An isolated mammalian cDNA or the complement thereof selected from:

MY 11-10-02

- a) a nucleic acid sequence of SEQ ID NO:3 and SEQ ID NO:10;
- b) a fragment of SEQ ID NO:3 selected from SEQ ID NOs:4-9;
- c) a fragment of SEQ ID NO:10 selected from SEQ ID NOs:11-15; and
- d) a variant of SEQ ID NO:3 or SEQ ID NO:10 selected from SEQ ID NOs:16-29

and having at least 80% identity to the nucleic acid sequences of SEQ ID NO:3 or SEQ ID NO:10.

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EX- CENTER 1600/2900

Docket No.: PC-0028 US



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In re Application of: Lasek et al.

Title: INTESTINAL PROTEINS

Serial No.: 09/729,454

Filing Date: December 04, 2000

Examiner: DAVIS, N.

Group Art Unit:1642

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Postcard;
2. Amendment Transmittal Fee Sheet (1 pp., in duplicate); and
3. Response to Restriction Requirement (5 pp., in duplicate).

The fee has been calculated as shown below.

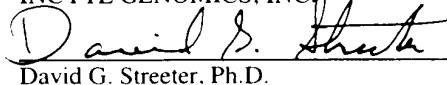
Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Additional Fee(s)
Total Claims	20	-	20	=		\$18	\$ 0
Indep. Claims	4	-	4	=		\$80	\$ 0
First Presentation of Multiple Dependent Claim						+\$270	\$ 0
						TOTAL	\$ 0

No additional fee is required.
 Fee for Request for Extension of Time (months) \$ _____
 Please charge Deposit Account No. 09-0108 the amount of \$ _____

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted.

INCYTE GENOMICS, INC.


David G. Streeter, Ph.D.
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